

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-878)**

SERIAL NO. 09 926002 FILING DATE \_\_\_\_\_  
APPLICANT(S) \_\_\_\_\_

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3		2		1			53						
4		1		1			54						
5		1		1			55						
6		1		1			56						
7		1		1			57						
8		1		1			58						
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39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1		1		4		TOTAL IND.						
TOTAL DEP.	10		9		36		TOTAL DEP.						
TOTAL CLAIMS	11		10		40		TOTAL CLAIMS						